



PTO/SB/21 (09-04)

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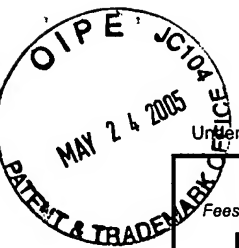
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/621,265
		Filing Date	July 17, 2003
		First Named Inventor	Masaaki KATOH
		Art Unit	2875
		Examiner Name	Jason Han
Total Number of Pages in This Submission	10	Attorney Docket Number	204552029400

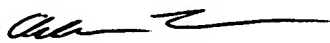
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Adam Keser		
Date	May 24, 2005	Reg. No.	54,217



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2>				Application Number	10/621,265
				Filing Date	July 17, 2003
				First Named Inventor	Masaaki KATOH
				Examiner Name	Jason Han
				Art Unit	2875
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.	204552029400
TOTAL AMOUNT OF PAYMENT		(\$)		120.00	
METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments					
under 37 CFR 1.16 and 1.17					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
FILING FEES		SEARCH FEES		EXAMINATION FEES	
Application Type	FEE (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	
Design	200	100	100	50	
Plant	200	100	300	150	
Reissue	300	150	500	250	
Provisional	200	100	0	0	
2. EXCESS CLAIM FEES					
Fee Description		Fee (\$)	Small Entity Fee (\$)		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100		
Multiple dependent claims		360	180		
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
-20	x	50.00	=		
HP + highest number of total claims paid for, if greater than 20					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
-3	x	200.00	=		
HP + highest number of independent claims paid for, if greater than 3					
3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
- 100 =	/ 50 =	(round up to a whole number) x	=		
4. OTHER FEE(S)					
ONE MONTH PETITION FOR EXTENSION OF TIME \$ 120.00					
SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	54,217	Telephone 703-760-7301
Name (Print/Type)	Adam Keser			Date	May 24, 2004